



Online RN Initial Exam Application

CA BOARD OF REGISTERED NURSING



Application Overview

This screen-by-screen overview will assist you in completing the Online RN Initial Exam Application through your BreEZe profile.

TIPS WHEN APPLYING:

- Submit your payment the same day you submit the online application. Applications submitted without payment will NOT be processed.
- Please fully read the instructions on each page and follow them carefully. You will NOT be able to make any changes to your application once it has been submitted.
- If you submit your online application and forgot to attach any required documentation to the application, you can submit the additional document(s) through your BreEZe account. When you log into your BreEZe account, the online application titled “Submit Additional Documents” is located at the Quick Start Menu under the “Applicant Activities” section.

Introduction

- Carefully read the Introduction screen, as it contains important information and helpful links, such as our current Processing Times.
- Please note that paid application fees are not refundable for any reason.

Introduction	1 - RN Initial Exam Application - Introduction
Information Privacy Act	You must take the National Council Licensure Examination (NCLEX-RN) if you have never been licensed as a registered nurse in another state or if you have not passed the national licensing examination. If you are licensed in Canada you must take the NCLEX-RN unless you have passed an acceptable five-part Canadian examination.
Transaction Suitability Questions	
Application Questions	You must have completed an educational program meeting all California requirements.
Name and Personal/Organization Details	If you are lacking any educational requirements, you must successfully complete an approved course in that subject before taking the examination.
Contact Details	The BRN encourages candidates to wait until they are made eligible by the BRN before registering with the NCLEX testing service.
Education History	The Registered Nurse examination application fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded.
Previous Name(s)	Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries. Current processing times can be found here: http://rn.ca.gov/times.shtml
Out of Country License Information	Processing a Registered Nurse examination application indicating a conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer.
Additional Questions	A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties.
Discipline and Conviction Questions	Once you are licensed, your address of record must be disclosed to the public upon request. All requests for information are mandatory.
File Attachments	Please refer to the General Instructions and Application Requirements regarding the Application to obtain Licensure by Examination for a Registered Nurse (RN). http://www.rn.ca.gov/pdfs/applicants/exam-app.pdf
Application Summary	California statutes and regulations pertaining to Registered Nurses may be obtained by contacting: LexisNexis at: www.lexisnexis.com/bookstore (search: California Nursing)
	Press "Next" to continue.
	To save and exit this application, click on the "Cancel" button.
	During the online application process, do not select the "Back" button on your browser. This will cause your session to end without any updates.
	Next Cancel

Information Privacy Act

- The Information Privacy Act screen contains information on the Information Practices Act, Section 1798.17 Civil Code. You must Agree to this section before continuing with the application.

Introduction	1 - RN Initial Exam Application - Information Privacy Act
Information Privacy Act	INFORMATION COLLECTION AND ACCESS
Transaction Suitability Questions	The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.
Application Questions	Agency Name: Board of Registered Nursing
Name and Personal/Organization Details	Title of official responsible for information maintenance: Executive Officer
Contact Details	Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100
Education History	Telephone Number: (916) 322-3350
Previous Name(s)	Authority which authorizes the maintenance of the information: Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.
Out of Country License Information	The consequences, if any of not providing all or any part of the requested information: Failure to provide any of the requested information will result in the application being rejected as incomplete.
Additional Questions	The principal purpose(s) for which the information is to be used: Section 30 of the business and professions code and public law 94-455 (42 usca 405(c)(2)(c)) authorize collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the welfare and institutions code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. If you fail to list your social security number or individual taxpayer identification number, your application for initial or renewal license will not be processed. You will be reported to the franchise tax board, which may assess a \$100 penalty against you. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed or renewed.
Discipline and Conviction Questions	Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: Possible transfer to law enforcement, other government agencies and reporting social security number or individual taxpayer identification number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.
File Attachments	Mandatory Reporter: Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.
Application Summary	California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.
	Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of \$1,000, or by both imprisonment and fine.
	For further details, consult Penal Code Section 11164 and subsequent sections.
	Press "Agree" to continue.
	To save and exit this application, click on the "Cancel" button.

Transaction Suitability Questions

- The questions on this screen will determine if you are eligible to submit the Exam application.
- Please note that a valid U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is required to apply to the Board.

Introduction	1 - RN Initial Exam Application - Function Suitability												
Information Privacy Act	The following questions will determine if you are able to submit the online application. Press "Previous" to return to the previous section. Answer the questions and press "Next". To save and exit this application, click on the "Cancel" button.												
Transaction Suitability Questions													
Application Questions													
Name and Personal/Organization Details	<table><thead><tr><th>Question</th><th>Answer</th></tr></thead><tbody><tr><td>Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Have you ever been licensed by examination as an RN in another U.S. State/Territory?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Have you ever applied for RN licensure in California?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Have you ever been issued a Registered Nurse license in California?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Did you review the General Instructions and Application Requirements regarding the Application for Licensure by Examination?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr></tbody></table>	Question	Answer	Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?	<input type="radio"/> Yes <input type="radio"/> No	Have you ever been licensed by examination as an RN in another U.S. State/Territory?	<input type="radio"/> Yes <input type="radio"/> No	Have you ever applied for RN licensure in California?	<input type="radio"/> Yes <input type="radio"/> No	Have you ever been issued a Registered Nurse license in California?	<input type="radio"/> Yes <input type="radio"/> No	Did you review the General Instructions and Application Requirements regarding the Application for Licensure by Examination?	<input type="radio"/> Yes <input type="radio"/> No
Question	Answer												
Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?	<input type="radio"/> Yes <input type="radio"/> No												
Have you ever been licensed by examination as an RN in another U.S. State/Territory?	<input type="radio"/> Yes <input type="radio"/> No												
Have you ever applied for RN licensure in California?	<input type="radio"/> Yes <input type="radio"/> No												
Have you ever been issued a Registered Nurse license in California?	<input type="radio"/> Yes <input type="radio"/> No												
Did you review the General Instructions and Application Requirements regarding the Application for Licensure by Examination?	<input type="radio"/> Yes <input type="radio"/> No												
Contact Details													
Education History													
Previous Name(s)													
Out of Country License Information													
Additional Questions													
Discipline and Conviction Questions													
File Attachments													
Application Summary	<p>The Board of Registered Nursing (BRN) does not accept applications without a U.S. Social Security Number or Individual Taxpayer Identification Number.</p> <p>The Nursing Practice Act provides for a unified examination and licensing application. Once an application is deemed to have met all of California's requirements, a license is automatically issued. Under these circumstances the BRN cannot accept applications for examination and licensure without a U.S. Social Security Number or Individual Taxpayer Identification Number.</p> <p>Pursuant to Section 30(c) of the Business and Professions code the BRN may not process any application for licensure unless the applicant provides a U.S. Social Security Number or Individual Taxpayer Identification Number. Section 30 of the Business and Professions code states in part:</p> <p>30. (a) Notwithstanding any other provision of law, any board, as defined in Section 22, shall at the time of issuance of the license require that the licensee provide his or her Social Security Number or Individual Taxpayer Identification Number ...</p> <p>(b) Any licensee failing to provide the Social Security Number or Individual Taxpayer Identification Number shall be reported by the licensing board to the Franchise Tax Board and, if failing to provide after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.</p> <p>(c) In addition to the penalty specified in subdivision (b), a licensing board may not process any application for an original license unless the applicant or licensee provides its Social Security Number or Individual Taxpayer Identification Number where requested on the application.</p>												
	Previous Next Cancel												

Application Questions

- On this page, you can request an Interim Permit (will add a \$50 fee), request Special Testing Accommodations, specify the type of nursing program completed, and find other important information regarding fingerprints and military expedite information.

Introduction	1 - RN Initial Exam Application - Application Questions	
Information Privacy Act	If the following questions are not applicable to your application, please change the response(s) to "No".	
Transaction Suitability Questions	Answer the questions and press "Next" to continue.	
	Press "Previous" to return to the previous section.	
	To save and exit this application, click on the "Cancel" button.	
Application Questions		
Name and Personal/Organization Details	Will you be requesting an Interim Permit? If "Yes", this will add an additional \$50.00 to your application fee. For additional information please refer to section VI of the Exam Application Instructions.	<input type="text"/>
Contact Details	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM	<input type="text"/>
Education History	Will you be requesting Special Testing Accommodations? For additional information please refer to section VIII of the Exam Application Instructions and refer to the following instructions below: REQUESTING SPECIAL TESTING ACCOMMODATIONS	<input type="text"/>
Previous Name(s)	Will you or have you graduated from a California Registered Nursing program? For additional information please refer to section VII of the Exam Application Instructions.	<input type="text"/>
Out of Country License Information	Did you complete all graduation and nursing requirements in your California Registered Nursing program, where a degree is not issued and you completed the program as a non-graduate? For additional information please refer to section VII of the Exam Application Instructions.	<input type="text"/>
Additional Questions	Did you complete a California LVN 30-Unit Option program? For additional information please refer to section VII of the Exam Application Instructions.	<input type="text"/>
Discipline and Conviction Questions	Did you graduate from a Registered Nursing program located in the United States of America / U.S. Territory? For additional information please refer to section VII of the Exam Application Instructions.	<input type="text"/>
File Attachments	Did you graduate from a Registered Nursing program located outside of the United States of America? For additional information please refer to section VII of the Exam Application Instructions.	<input type="text"/>
Application Summary	Did you complete a Military Corpsmen program which conforms to Section 1418 of the Business and Professions Code? For additional information please refer to section VII of the Exam Application Instructions.	<input type="text"/>
	Have you served or are you currently serving in the military?	<input type="text"/>
	Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the Armed Forces? If "Yes", refer to the following instructions below regarding MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS.	<input type="text"/>
	Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?	<input type="text"/>
	REQUESTING SPECIAL TESTING ACCOMMODATIONS	
	Refer to section VIII of the Exam Application Instructions for Candidates with Disabilities - Request for Accommodations and complete the "Request for Accommodations of Disabilities" and "Professional Evaluation and Documentation of a Disability" forms. If necessary, please use this link http://www.rn.ca.gov/pdfs/applicants/accommodation.pdf to download the required accommodation documents. The completed forms may be scanned and uploaded to the File Attachments section of this application.	
	REQUESTING FINGERPRINT CARD/LIVE SCAN FORM	

Name and Personal Details

- Enter your personal information on this screen.
- Please note, the name on your application must match exactly with the name on your photo ID. If the name on your application does not match the name on your photo ID, the testing vendor, Pearson VUE, will not allow you access to the testing site.

Introduction	<h2>1 - RN Initial Exam Application - Name and Personal Details</h2> <p>Your name must match EXACTLY as it appears on your photo identification.</p> <p>Items with an asterisk* are required for the online application. If your culture does not permit a First Name or Last Name please enter "." in the appropriate name field.</p> <p>Pursuant to Business and Professions Code section 30, you MUST provide either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) if you are an individual, or a Federal Employer Identification Number (FEIN) if you are applying on behalf of a partnership. The number you provide will be used for purposes related to tax enforcement, compliance with a judgment or order for child or family support in accordance with Family Code section 17520, or for verification of licensure or examination status when a reciprocity agreement or comity exists between that state and California. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a penalty against you.</p> <p>With the exception of your SSN, ITIN, and FEIN, this application and the information contained herein may be disclosed pursuant to a request made under the California Public Records Act.</p> <p>Press "Previous" to return to the previous screen.</p> <p>Enter your personal details and Press "Next" to continue.</p> <p>To save and exit this application, click on the "Cancel" button.</p> <table><tr><td>Title:</td><td><input type="text"/></td></tr><tr><td>* First Name:</td><td><input type="text" value="Zeline"/></td></tr><tr><td>Middle Name (optional):</td><td><input type="text"/></td></tr><tr><td>* Last Name:</td><td><input type="text" value="Dion"/></td></tr><tr><td>* SSN/ITIN:</td><td><input type="text" value="111886654"/></td></tr><tr><td>* Birthdate:</td><td><input type="text" value="06/08/1980"/> (mm/dd/yyyy)</td></tr><tr><td>* Gender:</td><td><input type="text" value="Female"/></td></tr></table> <p>Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)</p> <p>During the online application process, do not select the "Back" button on your browser. This will cause your session to end without any updates.</p> <div>Previous Next Cancel</div>	Title:	<input type="text"/>	* First Name:	<input type="text" value="Zeline"/>	Middle Name (optional):	<input type="text"/>	* Last Name:	<input type="text" value="Dion"/>	* SSN/ITIN:	<input type="text" value="111886654"/>	* Birthdate:	<input type="text" value="06/08/1980"/> (mm/dd/yyyy)	* Gender:	<input type="text" value="Female"/>
Title:		<input type="text"/>													
* First Name:		<input type="text" value="Zeline"/>													
Middle Name (optional):		<input type="text"/>													
* Last Name:		<input type="text" value="Dion"/>													
* SSN/ITIN:		<input type="text" value="111886654"/>													
* Birthdate:		<input type="text" value="06/08/1980"/> (mm/dd/yyyy)													
* Gender:		<input type="text" value="Female"/>													
Information Privacy Act															
Transaction Suitability Questions															
Application Questions															
Name and Personal/Organization Details															
Contact Details															
Education History															
Previous Name(s)															
Out of Country License Information															
Additional Questions															
Discipline and Conviction Questions															
File Attachments															
Application Summary															

Contact Details

- Add an “Address of Record” here. The Board will use the mailing address, email address and/or telephone number for any follow-up correspondence.
- The “Address of Record” can be updated at any time throughout the application process. Just log into your BreEZe account, and access the online application titled “RN-Change of Address”, located at the Quick Start Menu under the “Application Activities” section.

Introduction	1 - RN Initial Exam Application - Address Detail Summary		
Information Privacy Act	Press "Previous" to return to the previous section.		
Transaction Suitability Questions	Press "Next" when finished adding/changing addresses.		
Application Questions	To save and exit this application, click on the "Cancel" button.		
Name and Personal/Organization Details			
Contact Details			
Education History			
Previous Name(s)			
Out of Country License Information			
Additional Questions			
Discipline and Conviction Questions			
File Attachments			
Application Summary			

License Specific Addresses

<u>Address of Record</u>	Address:	555 Main St Sacramento , CA 95834 US
	Alternate Phone	

Pursuant to the California Code of Regulations 1409.1, an address change must be reported to the Board within 30 days by way of mail, telephone, or the BRN webpage. The BRN is now assessing a citation and fine for violations of this section.

[Previous](#) [Next](#) [Cancel](#)

Education History

- Enter your school information on this screen.
- School names are sorted alphabetically. If you do not see your school listed, select the “Other” option, located at the top of the list.
- Please leave “Expected Graduation Date” blank.

Introduction

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Application Summary

1 - RN Initial Exam Application - Maintain Education History

Please enter the following information. Please be aware that the following fields are required to be completed or your application will be considered incomplete: Name of Registered Nursing (RN) Program, Graduation Date, Degree/Program, and School Address.

PLEASE DO NOT ENTER AN END DATE.

Edit the data and press "Continue" to save your changes.
Press "Cancel" to return to the previous screen.

Name of Registered Nursing (RN) Program

A5207 - CSU SACRAMENTO

Start Date

01/10/2014

(mm/dd/yyyy)

Expected Graduation Date

(mm/dd/yyyy)

Graduation Date

12/31/2017

(mm/dd/yyyy)

Degree/Program

BSN -Bachelor of Science in Nursing

School Address

6000 J Street, Sacramento CA, 95819

Official transcripts must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office.

Continue

Cancel

Previous Name(s)

- On the Previous Name(s) screen, click the “Add” button in order to add any previous name information.
- This will help us in locating transcripts and other documents that may come to our Board under a previously used last name, etc.
- If you do not have any previous names, simply click the “Next” button.

1 - RN Initial Exam Application - Previous Name(s) - Information

Enter any previous name(s) you have. Previous name(s) include i.e. maiden name, also known as (AKA) and alias. Items with an asterisk(*) are required for the online application.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

First Name	Middle Name	Last Name	Suffix (Jr, Sr, II)

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Add Previous Next Cancel

Out of Country License Information

- This screen is only for **Internationally-educated applicants**.
- To add information for an out-of-country nursing license, click the “Add” button to begin adding the information.
- If this screen does not apply to you, click the “Next” button.

Introduction

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Application Questions

Name and Personal/Organization Details

Contact Details

Education History

Previous Name(s)

Out of Country License Information

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Discipline and Conviction Questions

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Application Summary

1 - RN Initial Exam Application - Out of Country License Information - Information

The following information is only applicable to applicants who completed a Registered Nursing program located outside the United States of America. Items with an asterisk* are required for the online application.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Country where you hold a Registered Nurse (RN) License	Other Country where you hold a Registered Nurse (RN) License	RN License Number	RN License Issue Date: (mm/dd/yyyy) (mm/dd/yyyy)	RN License Expiration Date: (mm/dd/yyyy) (mm/dd/yyyy)
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Add

Previous

Next

Cancel

Additional Questions

- Answer all questions on this screen to continue.

Introduction	1 - RN Initial Exam Application - Additional Questions - Information
Information Privacy Act	Please answer the following questions. Items with an asterisk* are required for the online application.
Transaction Suitability Questions	Press "Previous" to return to the previous section.
Application Questions	Enter appropriate details and press "Next" to continue.
Name and Personal/Organization Details	To save and exit this application, click on the "Cancel" button.
Contact Details	
Education History	
Previous Name(s)	
Out of Country License Information	
Additional Questions	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

* Please enter Mother's Maiden Name (last name only):		<input type="text"/>
Have you ever been licensed as an LVN or any health-care related license/certificate in California?		<input type="radio"/> Yes <input type="radio"/> No
License Type and License Number:		<input type="text"/>
Have you ever been licensed by examination as an RN in another state?		<input type="radio"/> Yes <input type="radio"/> No
Have you ever applied for RN licensure in California?		<input type="radio"/> Yes <input type="radio"/> No
* Taken RN Exam:		<input type="radio"/> Yes <input type="radio"/> No
		<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

Discipline and Conviction Questions

- These questions relate to the applicant's prior discipline or conviction information.
- Please note, answering "Yes" to any of these questions may extend processing time.

Introduction	1 - RN Initial Exam Application - Discipline and Conviction Questions - Information
Information Privacy Act	Please answer the following questions. Items with an asterisk (*) are required for the online application.
Transaction Suitability Questions	Press "Previous" to return to the previous section.
Application Questions	Enter appropriate details and press "Next" to continue.
Name and Personal/Organization Details	To save and exit this application, click on the "Cancel" button.
Contact Details	
Education History	
Previous Name(s)	
Out of Country License Information	
Additional Questions	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

1 - RN Initial Exam Application - Discipline and Conviction Questions - Information

Please answer the following questions. Items with an asterisk (*) are required for the online application.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? ☐ Yes ☐ No

If yes, mail to the Board a detailed written explanation, including the date and state or country where the discipline occurred.

* Have you ever been convicted of any offense other than minor traffic violations? ☐ Yes ☐ No

If yes, mail to the Board a detailed written explanation which fully describes the incident as stated in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.

* Have you ever been denied an RN or any other health-care related license in any state/territory? ☐ Yes ☐ No

If yes, mail to the Board a detailed written explanation, including the date and state or country where the denial occurred.

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of ANY offense that occurs between the date of this application and the date that a California license/certificate is issued. I am also required to report to the California Board of Registered Nursing ANY disciplinary action and/or voluntary surrender against ANY health-care related license/certificate that occurs between the date of this application and the date the California license/certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

Previous

Next

Cancel

File Attachments

- You can upload multiple documents to your online application. Please note, after clicking “Browse” and selecting the file on your computer, you MUST click the “Attach” button at the bottom of the screen each time you add a new file. If you do not click the “Attach” button before continuing with the online application, your file(s) will NOT be uploaded.
- The screenshots below are a comparison – the screenshot labeled “1” shows a file that has been selected from the computer but has NOT YET been attached. The screenshot labeled “2” shows a file that is successfully attached. You will see the message “Files Uploaded” when you have successfully attached your document(s).
- PLEASE MAKE SURE TO VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE CONTINUING WITH THE APPLICATION.

1 – Not Attached

Introduction

Information Privacy Act

Transaction Suitability Questions

Application Questions

Name and Personal/Organization Details

Contact Details

Education History

Previous Name(s)

Out of Country License Information

Additional Questions

Discipline and Conviction Questions

File Attachments

Application Summary

1 - RN Initial Exam Application - Attachments

The following items may be attached to your online application:

- The Examination Identification Form completed and signed by the applicant.
<http://www.m.ca.gov/pdfs/applicants/examid.pdf>
- One recent 2 X 2 passport size photograph attached to the Identification Form.
- A copy of the completed Live Scan form, if applicable. The LIVESCAN form may be found at <http://www.m.ca.gov/pdfs/applicants/livescan.pdf>

Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

To save and exit this application, click on the "Cancel" button.

File Name:

C:\Users\vmzett\Desktop\ID Form.docx

Browse...

Notes:

Examination Identification Form

You can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents.

If you did not attach the online Licensure by Examination Applicant Identification form, a recent 2 X 2 passport size photograph or Live Scan Form, you must mail them to the Board of Registered Nursing.

Board of Registered Nursing
Licensing Unit
P. O. Box 944210
Sacramento, CA 94244-2100

Attach

Previous

Next

Cancel

2 - Attached

Introduction

Information Privacy Act

Transaction Suitability Questions

Application Questions

Name and Personal/Organization Details

Contact Details

Education History

Previous Name(s)

Out of Country License Information

Additional Questions

Discipline and Conviction Questions

File Attachments

Application Summary

1 - RN Initial Exam Application - Attachments

The following items may be attached to your online application:

- The Examination Identification Form completed and signed by the applicant.
<http://www.m.ca.gov/pdfs/applicants/examid.pdf>
- One recent 2 X 2 passport size photograph attached to the Identification Form.
- A copy of the completed Live Scan form, if applicable. The LIVESCAN form may be found at <http://www.m.ca.gov/pdfs/applicants/livescan.pdf>

Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

To save and exit this application, click on the "Cancel" button.

Files Uploaded

Examination Identification Form

View

Remove

Total Size of Attached Files:

11625

File Name:

Browse...

Notes:

You can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents.

If you did not attach the online Licensure by Examination Applicant Identification form, a recent 2 X 2 passport size photograph or Live Scan Form, you must mail them to the Board of Registered Nursing.

Board of Registered Nursing
Licensing Unit
P. O. Box 944210
Sacramento, CA 94244-2100

Attach

Previous

Next

Cancel

Application Summary

- The Application Summary screen is an overview of all the information you have entered for your online application. Review the accuracy of the information before continuing.

Introduction	1 - RN Initial Exam Application - Application Summary
Information Privacy Act	NOTICE:
Transaction Suitability Questions	Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.
Application Questions	You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at https://www.dca.ca.gov/webapps/oshpd_survey.php . Please go to this web address and complete the survey at this time. Instructions will be provided in the survey.
Name and Personal/Organization Details	Once you have completed this survey, please submit the application.
Contact Details	Press "Previous" to return to the previous section.
Education History	Review the data and press "Proceed to Payment" to submit this application.
Previous Name(s)	To save and exit this application, click on the "Cancel" button.
Out of Country License Information	
Additional Questions	1 - RN Initial Exam Application Summary
Discipline and Conviction Questions	License Type: Registered Nurse - RN
File Attachments	Application Date: 11/20/2017 (mm/dd/yyyy)
Application Summary	Application Questions
	Will you be requesting an Interim Permit? If "Yes", this will add an additional \$50.00 to your application fee. For additional information please refer to section VI of the Exam Application Instructions. Yes
	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM No
	Will you be requesting Special Testing Accommodations? For additional information please refer to section VIII of the Exam Application Instructions and refer to the following instructions below: REQUESTING SPECIAL TESTING ACCOMMODATIONS Yes
	Will you or have you graduated from a California Registered Nursing program? For additional information please refer to section VII of the Exam Application Instructions. Yes
	Did you complete all graduation and nursing requirements in your California Registered Nursing program, where a degree is not issued and you completed the program as a non-graduate? For additional information please refer to section VII of the Exam Application Instructions. No
	Did you complete a California LVN 30-Unit Option program? For additional information please refer to section VII of the Exam Application Instructions. No
	Did you graduate from a Registered Nursing program located in the United States of America / U.S. Territory? For additional information please refer to section VII of the Exam Application Instructions. No
	Did you graduate from a Registered Nursing program located outside of the United States of America? For additional information please refer to section VII of the Exam Application Instructions. No
	Did you complete a Military Corpsmen program which conforms to Section 1418 of the Business and Professions No

Attestation

- Review the Attestation statement before clicking “Yes”.
- Please note that paid application fees are not refunded for any reason.

Introduction	1 - RN Initial Exam Application - Attestation Press "Previous" to return to the previous section. Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue. To save and exit this application, click on the "Cancel" button. <hr/> <p>I declare under penalty of perjury under the laws of the State of California that the information contained in this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.</p> <p>I understand that the Application for Licensure by Examination fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Previous Proceed to Payment Cancel</p>
Information Privacy Act	
Transaction Suitability Questions	
Application Questions	
Name and Personal/Organization Details	
Contact Details	
Education History	
Previous Name(s)	
Out of Country License Information	
Additional Questions	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

Fee and Summary Report

- You will be shown a summary of required fees. Please click the “Pay Now” button to begin payment.

Fee and Summary Report

Upon submission of your application please note the Application Number assigned to you on the next screen (also available on your receipt). Include the Application Number on all documents submitted to the Board.

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.


Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

Fees	
Interim Permit Fee:	\$50.00
RN Exam Application Fee:	\$150.00
Total Amount Due:	\$200.00

All supporting documentation not attached to this online application must be mailed to:

Board of Registered Nursing
Licensing Unit
P. O. Box 944210
Sacramento, CA 94244-2100

[Pay Now](#)[Add to Cart](#)[View PDF Summary Report](#)

 Get ADOBE® READER®

- After submission of payment, a copy of your payment receipt will be available on your BreZze profile home page, shown below.

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information

No License Information Available

Applicant Activities

Manage your application

Registered Nurse - RN File #2158627

<Choose Application> ▼

Select

Applications

Start a New Application or Take an Exam

<Choose Board> ▼

<Choose Application> ▼

Select

View Application Status

Board of Registered Nursing - 1 - RN Initial Exam Application

Status: Pending

Details

Additional Activities

Payment Receipts (1)

Select

Add Authorized Representative

Select

License Notification Subscriptions

Select

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Checking Your Application Status

- After submitting an Exam application, applicants can check their current status from their BreEZe account by clicking on the “Details” button under the “View Application Status” heading.
- Note that the name of the application is “**RN Initial Exam Application**”. This means the applicant has not yet been approved to take the NCLEX-RN exam.

The screenshot displays the BreEZe user interface. At the top, the header includes the CA.GOV logo, the Department of Consumer Affairs, and the BreEZe logo. Navigation links for 'About BreEZe', 'FAQ's', and 'Help/Tutorials' are on the right. A blue bar indicates the user is 'Logged in as Martin, George' with links for 'Update Profile', 'Logoff', and 'Contact Us'. A 'Skip navigation' link is also present. Below the header, a 'Quick Start Menu' section contains a message: 'To start, choose an option, and you will return to this Quick Start menu after you have finished.' To the right of this menu is a box for 'License/Registration Information' stating 'No License Information Available'. The main content area is divided into two columns. The left column, 'Applicant Activities', includes a 'Manage your application' section with a dropdown for 'Registered Nurse - RN File #2158626' and a 'Select' button. Below this is an 'Applications' section with a 'Start a New Application or Take an Exam' dropdown, another 'Select' button, and a 'View Application Status' link highlighted with a red box. The right column, 'Additional Activities', includes links for 'Payment Receipts (1)', 'Add Authorized Representative', and 'License Notification Subscriptions', each with a 'Select' button. At the bottom of the 'View Application Status' section, a table shows the application details: 'Board of Registered Nursing - 1 - RN Initial Exam Application' with a status of 'Pending'. A 'Details' button next to this entry is highlighted with a red box. The footer contains links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2013 State of California.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help/Tutorials

Logged in as Martin, George Update Profile Logoff Contact Us Skip navigation

Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

Applicant Activities

- Manage your application
Registered Nurse - RN File #2158626
<Choose Application> Select

Applications

- Start a New Application or Take an Exam
<Choose Board> <Choose Application> Select
- View Application Status**
Board of Registered Nursing - 1 - RN Initial Exam Application Status: Pending **Details**

Additional Activities

- Payment Receipts (1) Select
- Add Authorized Representative Select
- License Notification Subscriptions Select

License/Registration Information
No License Information Available

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Checking Your Application Status (cont'd)

- When clicking on the “Details” button, if there are no deficiencies listed, that means the application has been received but has **NOT YET** been evaluated:

The screenshot shows the BREZE application status page. The user is logged in as Martin, George. The page displays a 'Quick Start Menu' with options to manage applications, start new applications, or view application status. A modal window titled 'Details' is open, showing application information for '1 - RN Initial Exam Application'. The 'Deficiencies' field is highlighted with a red border, indicating that no deficiencies are listed. The 'Status' is 'Open'. The 'Submission Date' is '11/09/2017'. The 'Notes' field is empty. The modal window has 'Done' and 'PDF' buttons at the bottom right.

Field	Value
Submission Date	11/09/2017
Application Name	1 - RN Initial Exam Application
Status	Open
Deficiencies	
Notes	

Checking Your Application Status (cont'd)

- If there are deficiencies listed, the application has been evaluated and is awaiting receipt of additional requirements:

The screenshot shows the CA.GOV BREZE application status page. The user is logged in as Martin, George. The page displays a Quick Start Menu and a list of Applicant Activities. A modal window is open, showing the application details for '1 - RN Initial Exam Application'. The application status is 'Open'. The 'Deficiencies' section is highlighted with a red border and lists two items: 1. * Completed "Online Examination Applicant Identification" form. 2. * A recent passport size 2" x 2" photograph. The 'Notes' section is empty. The 'Done' and 'PDF' buttons are visible at the bottom right of the modal.

Submission Date	11/09/2017
Application Name	1 - RN Initial Exam Application
Status	Open
Deficiencies	1. * Completed "Online Examination Applicant Identification" form. 2. * A recent passport size 2" x 2" photograph.
Notes	

Done PDF

Checking Your Application Status (cont'd)

- Upon application approval, the name of the application will change from “**RN Initial Exam Application**” to “**Initial RN License by Exam**”, shown here.
- “**Initial RN License by Exam**” means the exam application has been approved, and the applicant’s RN education has complied with the California Board of Registered Nursing educational requirements and has been issued eligibility to take the NCLEX-RN. The applicant is now able to register with the testing vendor, Pearson VUE, who will issue the Authorization to Test (ATT) to the applicant by e-mail once the applicant has registered with Pearson VUE.

The screenshot displays the CA.BREZE website interface. At the top, the header includes the CA.GOV logo, the Department of Consumer Affairs, and the BREZE logo. Navigation links for "About BreZE", "FAQ's", and "Help/Tutorials" are present. A user is logged in as "Martin, George". The main content area is titled "Quick Start Menu" and includes a "License/Registration Information" box stating "No License Information Available". The "Applicant Activities" section lists "Manage your application" with a dropdown menu showing "Registered Nurse - RN File #2158626" and a "Select" button. The "Applications" section has a "Start a New Application or Take an Exam" dropdown menu showing "<Choose Board>" and "<Choose Application>", and a "View Application Status" section showing "Board of Registered Nursing - Initial RN License by Exam" with a status of "Pending" and a "Details" button. The "Additional Activities" section lists "Payment Receipts (1)", "Add Authorized Representative", and "License Notification Subscriptions", each with a "Select" button. The footer contains links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice for 2013 State of California.

CA.GOV Department of Consumer Affairs BREZE

About BreZE FAQ's Help/Tutorials

Skip navigation

Logged in as Martin, George Update Profile | Logoff | Contact Us

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information

No License Information Available

Applicant Activities

■ Manage your application

Registered Nurse - RN File #2158626

<Choose Application> Select

Applications

■ Start a New Application or Take an Exam

<Choose Board> Select

<Choose Application> Select

■ View Application Status

Board of Registered Nursing - Initial RN License by Exam Status: Pending Details

Additional Activities

■ Payment Receipts (1) Select

■ Add Authorized Representative Select

■ License Notification Subscriptions Select

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